1.10/333

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE \ H FORM PTO-875)

SERIAL NO. FILING DATE APPLICANT(S, ,)

	CLAIMS														
		AS FILED		AFTER 1*AMENDMENT		AFTER 1 "AMENDMENT			AS F	AS FILED		AFTER		AFTER 2 - AMENDMENT	
ļ	IND.	DEP.	IND.	DEP.	IND.	DEP.	1		IND.	DEP.	IND.	DEP.	IND.		
$\frac{1}{2}$	 	 	<u> </u>	ļ				51				DEL.	IND.	DEP.	
3	<u>-</u>	1 (1	52						 	
4					 -		ĺ	53 54	 		<u></u>				
5	 	1					1	55	 						
7]	56						 	
8	 	 \ 					[]	57							
9				· · · · · · · · · · · · · · · · · · ·			{ ·	58 59	 						
10								60	 						
11 12	 		·					61			·		<u> </u>		
13								62		·					
14	 							63							
15								64 65	 						
16							1	66	 						
17 18							l	67							
19		·						68							
20							ŀ	69 70							
21							ŀ	71	<u> </u>]		
22		·						72							
24								73							
25								74. 75							
26		·				 -	ŀ	76							
27 · 28							<u> </u>	77						 ;	
29						[78							
30							}	79 80		<u> </u>					
31							ŀ	81							
32 33								82							
34							·	83							
35							- }-	84 85							
36								86							
37								87							
38 39							L	88							
40							1	89 90		[
41 ·							-	91							
42	T							92							
43								93							
45							F	94							
46							-	95 96							
47							F	97							
48								98							
49 50							L	99							
	-,-		 -	 -			 	100					$ \Box$		
TOTAL IND.		4		* [♣	r	OTAL IND.		4		1	- 1	1	
TOTAL DEP	10	<u> </u>		-		<u>+</u>	ļ	OTAL DEP		(=	•	(4	
CLAIMS	1/.							TOTAL CLAIMS							
PTO - 1360 (REV. 1(704)								U. Pi	S. DEPARTN	CENT of COA	(MERCE	•		